See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

print of type. Form designed for use on ente (12-pitch typewhier).				
UNIFORM HAZARDOUS WASTE MANIFEST CADO8651000	Manifest Document No.	10 00 00 1 Tax		he shaded areas by Federal law.
3. Generator's Name and Mailing Address		A. State Manifest		
Douglas A. ricraft Company Attn K. 19503 S. Normandie Avenue Mail Co.	Tue!! le 66-59	5 00-1-0	904	<u>411623 </u>
4. Generator's Phone ()		B. State Generato	3600	151410101
5. Transporter 1 Company Name 6. US EPA II) Number	C. State Transpor		3880
	060401	D. Transporter's I	1//7	435-060
7. Transporter 2 Company Name 8. US EPA II	Number	E. State Transpor F. Transporter's F		
9. Designated Facility Name and Site Address 10. US EPA II		G. State Facility's	i ID	
Safety Kleen Corp. 7-081	-07	C AT 0 H. Facility's Phon		3 9 7 6
21208. Yale Street Santa Ana : CA 92704 C A T 0 0 0	16113191714	7/4	24/-	7047
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	12. Con	Qua	ntity Unit	I. Waste No.
bowaste Combustable Liquid, NO.S.	No.	Туре	Wt/Vol	State
	(A)		a D	EPA/Other
(ER6 #27)	0115	DIM OIL Z	417	DOO!
		-01		EPA/Other
c.				State
				EPA/Other
d.				State
And the second of the second o				EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Code	s for Wastes L	isted Above
(a) D039 D018		I AND		
		c.	d.	
age denoted the second	29474 (001479	7-0	18-05-7167
Emergency Resp # 708-888 - 4	£660	24 HR		
SK POT # A: 501	·····			ontonalaskumiskaliskalankanumiskus lukennolumuskumiskalaskalaskanumin 18 de kus elist elektrississistisk
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this constand are classified, packed, marked, and labeled, and are in all respects in proper				
national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce	,			
to be economically practicable and that I have selected the practicable method of present and future threat to human health and the environment; OR, if I am a small generation and select the best waste management method that is available to me	treatment, storage, or quantity generator, I h	disposal currently av ave made a good fa	/ailable to me v	which minimizes the
Printed/Typed Name Signature				Month Day Year
Robert G. Tuell , Jr. Kr	hot Li	Trall.	Ga .	10831192
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature		1 2 1	7.2	Month Day Year
KENT M HOBBENSIEFKEN KEN	1711 H	blen Ma	U.	08319
18. Transporter 2 Acknowledgement of Receipt of Materials		<i></i>		
Printed/Typed Name Signature		**	100 m	Month Day Yea
19. Discrepancy Indication Space		A CONTRACTOR OF THE PARTY OF TH		
			e e e e e e e e e e e e e e e e e e e	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered	by this manifest excep	t as noted in Item 18)	
Printed/Typed Name Signature	A_{II}	WAA A	h i	Month Day Year
1/) (1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/				1000/b/L

DHS 8022 A

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL F

ONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

EPA 8700—22 (Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Robert G. Tuell, Jr.	Robert S. Trall. G.	0881192
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name KENT M HOBBENSIEFKEN	Signature FTI Holler Meller	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year

Discrepancy Indication Space

Printed/Typed Name

NSE

CALL THE NATIONAL

SPILL,

EMERGENCY OR

A

CASE OF

F ACI

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

DHS 8022 A EPA 8700-22 (Rev. 6-89) Previous editions are obsolete.

Do Not Write Below This Line

Day



SAFET	Y-KLEEN	CORP.
(DES	IGNATED	FACILITY)

7-4488-05

EPA ID NO. ____CAT000613976 (DESIGNATED FACILITY)

SOUTH YALE ST

ADDDEOC.	SANTA	ANA	CA 92704	
ADDRESS: _				RBT 08-31-
				Mr. & March all and an are

מחמ	RESS:	SANTA ANA		CA 92704	
	OPTIO	N A	determine provides n facility for	d to be restricted under 40 CFR Part 268. In accordance notice that the waste is restricted from land disposal. A copy five (5) years from the date of waste shipment.	y of this form must be kept by the generator and
SOC I P	OPTIO CUSTOME ARTS WASH IMERSION (609 AND	N B ERS ONLY HER AND	l am a sn shipments No A copy of	ance with 40 CFR 268.7, the generator hereby provides notice that the generator (100-1,000 kg/mo) in accordance with under my service contract with Safety-Kleen Corp, or sales/service acknowledgement No	or sales/service acknowledgment(s) for five (5)
✓	٧.	ASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
2 1	Waste Naph	e Petroleum tha	D001, D018, D039,	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) ≥ 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) INCIN Not Established Not Established
EASE	Naph Safet	e Petroleum tha (sludges from y-Kleen Service er Operations)	D001, D006, D007, D008, D039,	All of the above, plus: Cadmium Chromium Lead Tetrachloroethylene	1.0 5.0 5.0 5.0 Not Established 0.75
OIU K	Clear	e Compound ning Liquid/ ersion cleaner 609	F002, F004, D006, D007, D008, D022,	Cresylic Acid 1, 2-dichlorobenzene Methylene chloride Cadmium Chromium Lead Chloroform	0.125 0.96 1.0 5.0 5.0 Not Established
THE APPRO	Clea	e Compound ning Liquid/ ersion Cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's ≥ 1000 mg/l Cadmium Chromium Lead Benzene Chlorobenzene 1, 4-Dichlorobenzene Tetrachloroethylene Trichloroethylene	1.0 5.0 5.0 Not Established Not Established Not Established Not Established Not Established
	☐ Was	e Perchloroethylene	F002,	Tetrachloroethylene	0.05
P		Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	0.30
Ŗ		e 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	0.41
A T E	□was	te Paint ted Material	F005, F003,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene	0.35 0.75 0.33 0.33 0.15

☐ Waste Antifreeze D039, The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

Ignitable Liquid (High TOC Subcategory)

*These treatment stand	ards do	not preci	ude rec	clamation p	mor to imai disp	Janion.	
nerator Company:	4000		. ⊷carao N INO	HGL AS	AIRCRAFT	- Co.	
nerator Company:			Re STORME SHIP I	CO MARKS 1 4 MA			
unnit,			1.				
	1	00 0	1	19 mayor	MA		1

D001,

D006,

D007,

D008,

D008,

Methanol

Cadmium

Chromium

Lead

Lead (TOC Subcategory)

Tetrachloroethylene

7-088-05-7187

0.75

INCIN, FSUBS, or RORGS

1.0

5.0

5.0

5.0 (This is a non-waste water)

Not Established

EPA ID NO.: CAD086510005

Generator's Signature:/	V Del	+ 6	07	o Oli	1 a.		
Generator's Signature:	3	12 1	4	1 mm	7-7-	. 77	<i></i>
Printed Name and Title	of Generator:	MODE	<u> </u>	<u></u>	140	= 113 7	-

Senior Plant

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal Part No. 1328 (Rev. 5/92) GENERATOR restrictions.

IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)

INV. #

AMOUNT \$

AMOUNT \$

3

5

10

99

12

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. **TOTAL DUE** IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE



UNITED UNITED PUMPING SERVICE, INC. FIELD WORK ORDER 26607

14016 EAST VALLEY BOULEVARD CITY OF INDUSTRY, CALIFORNIA 91746 PHONE: (818) 961-9326 FAX (818) 336-7734

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